CIVIL COMPLAINT FORM TO BE USED BY A PRO SE PRISONER

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Robert Tamir Wilkerson 05-29950:		
Full Name of Plaintiff Inmate Number :		
•	Civil No.	
v. :	(to be filled in by the Clerk's Office)	
Lycoming County Prison	Demand for Jury Trial	
Name of Defendant 1 :	One of the control of	
Brad A. Shoemaker		
Name of Defendant 2 :		
Ryan C. Barnes :		
Name of Defendant 3 :	FILED WILLIAMSPORT	
P1	WILLIAMSPORT	
Christopher J Ebner:	MAR 0 5 2025	
Name of Defendant 4 :	PER NR	
:	DEPUTY CLERK	
:		
Name of Defendant 5 :	•	
(Print the names of all defendants. If the names of all:	•	
defendants do not fit in this space, you may attach :		
additional pages. Do not include addresses in this :	•	
section).	V	
Y	, i	
I. NATURE OF COMPLAINT	••	
Indicate below the federal legal basis for your claim, if kno	wn.	
Civil Rights Action under 42 U.S.C. § 1983 (state,	county, or municipal defendants)	
Civil Rights Action under <u>Bivens v. Six Unknown</u> (1971) (federal defendants)	Federal Narcotics Agents, 403 U.S. 388	
Negligence Action under the Federal Tort Claims A	Act (FTCA), 28 U.S.C. § 1346, against the	

П.

ADDRESSES AND INFORMATION
A. PLAINTIFF Wilkerson Robert Tamir
Name (Last, First, MI) 05-29950
Inmate Number
Lycoming County Prison
Place of Confinement 277 West Third Street
Address Williamsport, Lycoming County, PA, 17701
City, County, State, Zip Code
Indicate whether you are a prisoner or other confined person as follows: Pretrial detainee
X Civilly committed detainee
Immigration detainee
Convicted and sentenced state prisoner
Convicted and sentenced federal prisoner
B. DEFENDANT(S)
Provide the information below for each defendant. Attach additional pages if needed.
Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.
Defendant 1:
Lycoming County Prison
Name (Last, First)

Current Job Title 277 West Third Street
Current Work Address
Williamsport, Lycoming County, PA, 17701
City, County, State, Zip Code

Defendant 2:
Brad A Shoemaker
Name (Last, First)
Current Ich Title
277 West Third Street
Current Work Address
Williamsport, Lycoming County, PA, 1770
City, County, State, Zip Code
·
Defendant 3:
Ryan C Barnes
Name (Last, First)
Depoty Warden of Security and Operations
Current Jeb Title
277 West Third Street
Current Work Address
Williamsport, Lycoming Loury, PA, 1770
City, County, State, Zip Code
Defendant 4:
Christopher J Sbrer
Name (Last, First)
Deputy Warden of Inmate Services
Current Job Title 277 West Third Street
Current Work Address
Williamsport, Lycoming County, PA, 17701
City, County, State, Zip Code
• •
Defendant 5:
Name (Last, First)
Current Job Title
Current Work Address
City, County, State, Zip Code

Ш. STATEMENT OF FACTS

State only the facts of your claim below.	Include all the facts you consider important.	Attach additional
pages if needed.	· · · · · · · · · · · · · · · · · · ·	\

Describe where and when the events giving rise to your claim(s) arose. Prison, DLU G-BIOCK Unit

B. On what date did the events giving rise to your claim(s) occur? 15 2024 Through March 5 2025

What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

<u>Cruel</u> and <u>Unusual</u> punishment as well as to-ture are still being forced upon me. The lights ULU G-Block unit are on 22 out of 24 hours Which is causing sleep deprivation. The lights are all clay and night; The lights are controlled by off. None of the inmates housed on G-Block are under suicide supervision, Herefore there is no reason for the lights to be on in the cells. This is a violation of crief and unusual punishment attempting to cover the lights that prevent us from sleeping. Due to being sanctioned for this matter of covering the lights -U to further our

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

Lycoming County Prisons staff is in violation
of the 8th Amendment as cruel and unusal
punishment is being performed against me.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Sleep deprivation, depression, anxiety, delusion, model swings, sight disortion.

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

Monetary Compensation and everyone involved sanctioned.

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

Signature of Plaintiff

Date

Robert T. Wilkerson
05-29950
Lycaming County Prison
P.D. Box 247
Phoenix MD 21131-0247

RECEIVED WILLIAMSPORT

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MAR 05 2023

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United States District Court
Middle District of Pennsylvanica
Us Courthouse 3 Federal Building
Z40 West Third Street Suite 21
Williamsport PA 17701

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